

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 63

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 63

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Maria Waugh

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sam Waugh 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Aug. 15, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 18 hr. min.

9. Birthplace Piney Wood, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Maria Thomas  
13. Birthplace Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Amy Allen  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Leel Williams  
(b) Address 3527 A Saddle ave  
17. (a) Removal (b) Date thereof Jany. 6, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Batesville, Ark.

18. (a) Signature of funeral director Russell Und. Co.  
(b) Address 2732 Pine Street YUW  
19. (a) JAN 4 1941 (b) J. H. Predeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1917  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3119 Marnice Pl. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1940, to Jan 3, 1941,  
that I last saw him alive on Jan 2, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 hrs

Due to hypertension  
Due to 80

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Car  
23. Signature W. A. Mueller (M. D. or other)  
Address 335 Frank Date signed 1-2-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Joel Russell*

Licensed Embalmer No. \_\_\_\_\_

*4112*

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**